FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K00713

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TRADITIONAL CARPENTRY, INC.

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Principal Place of Business Mailing Address						•	
			5 ENTERPRISE AVE #38/39				•
		NAPLES FL 33942			DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	THE THIS STACE	
		· ·			11/03/1987		
		D- Mailing Address			4. FEI Number	- 157	Applied For
2. Principal P	2a. Mailing Address	ing Address		65-0027225	 	ot Applicable	
11	<u></u>	26			0570027225		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		. Additional Required
2	-	27					
City & Sta	te .	City & State			6. Election Campaign Financing		May Be
3		Zip Country			Trust Fund Contribution Added to Fees		
Zip	Country	Zip		ntry	8. This corporation owes the curren	it year Intangible ☐ Yes	□No
4	25	29	30		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent		Ad 11	10. Name and Address of New Re	gistered Agent	
ÒE	OEDT MICHAEL M			81 Name			
YOARA	GERT, MICHAEL H. 5 Enterprise ave #38/39	•		82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)	
				The secretary of the second secretary	- 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
NAF	PLES FL 33942			83		1785 海海山	
				84 City	1. (1.) - 4 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$2 (1.) # \$	85 Zic	Code
•				04 City		FL ST ST	, 0000
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statut	tes, the a	oove-named corporation	oration submits this statement for the purply board of directors. I bereby accept	rpose of changing i	ts registered registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 607.0505, Flo	orida Stat	ites.	or a board or directors. Theraby becope	and appointment as	09.010.00
_		•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature required	d when reinstating) of \$1235?	DATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
TITLE	PD	. DELETE	1.1 TI	le .	NS U-97225	Change	Addition
NAME	SIEGERT, JOHANN B.		1.2 N	ME .			
STREET ADDRESS	A 405 ELECTEDEDIOE #00/00		1.3 \$7	REET ADDRESS			
CITY-ST-ZIP	NAPLES FL		14 CI	ry-st-zip			
TITLE .	VD	DELETE'	2.1 TI			☐ Change	Addition
	SIEGERT, MICHAEL H.	_	2.2 N			•	
NAME	- 400 FLITTODDIOE . #00 IOO			REET ADDRESS			
STREET ADDRESS					•		
CITY-ST-ZIP	NAPLES FL CONTRACTOR	[] BELETE		TY-ST-ZIP		☐ Change	Addition
TITLE SIFE	ID.	☐ DELETE	3.1.TT				
NAME	SIEGERT, VERONICA K.	•	3.2 N/				
STREET ADDRESS	HILL ME TO LEAK IN MET ALL	•	3.3 ST	REET ADDRESS	· 经超速数据。请证的"超	美国自制的公司总划	
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NAME HELD	den ove		4. 2 N	AME			
STREET ADDRESS		2.	4.3 \$	REET ADORESS			
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NAME			5.2 N				
STREET ADDRESS			3.2 19	WE	11.00 (0.00)		
		,			tion for		
	5	•	5.3 8	REET ADDRESS			
CITY-ST-ZIP	FD CHOCKEY, SURFICE D	, □ DELETE	5.3 8	REET ADDRESS TY-ST-ZIP	14.50/3037 - 117 15 - 27 <u>2</u> 25	☐ Change	-

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90027 015 ***150.00



14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address, with all other like empowered.

□ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP